

PRIVATE Property

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-3565	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.								
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN	IN <input checked="" type="checkbox"/> CITY	<b>LEBANON</b>		DATE OF CRASH: 02   26   2014	DAY Wed	TIME: MILITARY 1709										
CRASH OCCURRED ON 1699 Deerfield Rd				WITHIN THE INTERSECTION OF YMCA North parking lot												
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E OF _____						CITY CODE 8321										
LOG-1	LOG-2	LOC	JUR	FH9	FILT											
A	UNIT NO. 1	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Cinti Ins # A01 0622631									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Renner, Tom				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 201 Leslie Dr, Wilmington, Oh 45177												
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS			PHONE									
VEH YR 2006	MAKE Dodge	MODEL	COLOR Blu	STYLE P/U	STATE OH	LICENSE PLATE NO. FYV7649	TOWING SERVICE	VEH/PED DIR FROM TO								
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Ohio Auto # AX01290968									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Hinkle, Kelly				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 115 E Mulberry St												
PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS			PHONE									
VEH YR 2012	MAKE Honda	MODEL Camry	COLOR Gray	STYLE 4S	STATE Oh	LICENSE PLATE NO. FLC6693	TOWING SERVICE	VEH/PED DIR FROM TO								
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS	PHONE	SEX	A	B	C	D	E	F	A	B	C	D	E	F
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
		ADDRESS	PHONE	SEX				CONDITION								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				A			B					
		ADDRESS	PHONE	SEX				I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN								
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	P-PEDESTRIAN			RESTRAINTS								
		ADDRESS	PHONE	SEX	A			B								
A	B	C	INJURED TAKEN TO			By			ALCOHOL							
D	E	F	INJURED TAKEN TO			By			A							
A	B	C	OFFENSE CHARGED AND DESCRIPTION			A			B							
O			OFFENSE CHARGED AND DESCRIPTION			A			B							
RECEIVED CALL	DISPATCHED 1709	ARRIVED 1714	CLEARED 1725	OTHER TIME	TOTAL MINUTES 00offoff			A								
DATE REPORT FILED	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Ptl. R. White	BADGE NO. 110	CHECKED BY	I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			A								
M	D	Y	State Ptl-012 2/13/03			I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG										

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

